



## Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility  
Gupta, Ravi Residence - R Gupta

2. Facility Address  
328 Androssan Place  
Townsend, DE 19734

Is the facility located within the PJM control area? ☒ Yes ☐ No  
If No, does the Facility have import capabilities? ☐ Yes ☐ No

3. Name of Owner  
Ravi Gupta  
Mailing Address  
328 Androssan Place  
Townsend, DE 19734

Phone 3028972667 Fax

Email ravigmac@gmail.com

4. Name of Operator  
same as owner  
Mailing Address

Phone Fax

Email

5. Name of Contact Person

Allyson Browne, SRECTrade, Inc.

Mailing Address

201 California Street, Suite 630

San Francisco, CA 94111

Phone 877-466-4606

Fax 732-453-0065

Email applications@srectrade.com

6. Name of REC/SREC Owner

same as owner

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Operational Characteristics:

Fuel Types Used (check all that apply):

☐ Gas combustion from the anaerobic digestion of organic material

☐ Geothermal

☐ Ocean, wave or tidal actions, currents, or thermal differences

☐ Qualified Biomass<sup>i</sup>

☐ Qualified Fuel Cells<sup>ii</sup>

☐ Qualified Hydroelectric<sup>iii</sup>

☐ Qualified Methane Gas captured from a landfill gas recovery system<sup>iv</sup>

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS) n/a

Rated Capacity (in megawatts) 0.00882 MW ✓

If multiple fuel types are utilized, attach the formula for computing the proportion of output per fuel type by megawatts per hour generated.

Facility **Final Approved Interconnection Date** 10/28/14 ✓

If co-firing with fossil fuels, co-fire start date n/a

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation<sup>v</sup>?

☒ Yes ☐ No

Is the Applicant's facility a community owned generating facility<sup>vi</sup>?

☐ Yes ☒ No

Can the output from the customer-sited generation be appropriately metered?

☒ Yes ☐ No

I, Allyson Browne (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: Allyson Browne

Date: 9/28/2015



Ravi Gupta <ravigmac@gmail.com>

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## Interconnection Application - Final Approval For: 3199689-9994-0 RAVI GUPTA

1 message

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**harry.cabell@delmarva.com** <harry.cabell@delmarva.com>

Thu, Nov 6, 2014 at 5:08 PM

To: deforms@sungevity.com

Cc: ravigmac@gmail.com, nem@pepcoholdings.com

### Green Power Connection™

#### Here to assist you through your interconnection application process

Thank you for completing the interconnection application process. This system is now authorized for operation.

The project is documented as follows:

<b>Customer Name:</b>	<b>RAVI GUPTA</b>
<b>Street Address:</b>	<b>328 ANDROSSAN PL</b>
<b>City, State, Zip:</b>	<b>TOWNSEND, DE 19734</b>
<b>Account number:</b>	<b>31996899994</b>
<b>System Type</b>	<b>Solar</b>
<b>Generation Size:</b>	<b>7.6</b>

Delmarva Power & Light has accepted the completed interconnection application for this system. Our records indicate that the Net Energy Meter for this system has been installed. Delmarva Power & Light has determined that the requirements for this interconnection have been met. You are now permitted to interconnect and fully operate this renewable energy facility as of 10/28/2014.

The default anniversary month (end of the annualized period) for this interconnection is **OCTOBER**. On this month's reading date, Delmarva Power will settle up your account and compensate you for any excess kilowatt hours generated at the average kWh supply rate for the last 12 months. You have the option of a one time change to your anniversary month per State regulation and can do so by notifying the GPC team. Please be advised you would need to notify our office prior to the anniversary month stated above for a change to be effective for that annualized period.

Attached are the final approved interconnection documents for your records. This finalizes the application process. Thank you.

If you have any questions or concerns, please call (866) 634-5571. To ensure a response, please send all correspondence to the GPC mailbox at [GPC-north@pepcoholdings.com](mailto:GPC-north@pepcoholdings.com).

The Green Power Connection Team

Atlantic City Electric / Delmarva Power

A PHI Company

(866) 634 5571 – Phone

(856) 351-7523 – Fax

Mailing Address: 5 Collins Drive, Mail Stop 84CP22, Carneys Point, NJ 08069

[GPC-north@pepcoholdings.com](mailto:GPC-north@pepcoholdings.com)

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 **RaviGupta.pdf**  
859K

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### Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

- a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

**SunnyMac, LLC**

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Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

**Please complete the following information for all individuals listed above:**

Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits only)
Ryan Wheeler	Wilmington 19809	43
Matt MacFadden	Wilmington 19806	86
Chris Weeden	Wilmington 19802	66

Total Delaware Resident Employees: 3 Total Number of Employees: 3

% of Delaware Residents (Delaware Residents Divided by Total Employees): 100

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes\* ☒ No

Sungevity, Inc.

Company Name of Installer

66 Franklin Street, Suite 310

Address

Oakland, CA 94607

Address



Signature of Company Representative

Erick Karlen

Print Name of Co. Representative

**\*If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
  - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
  - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

☒ Yes\* ☐ No

b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

☐ Yes\* ☒ No

Sungevity, Inc.

Company Name of Installer

66 Franklin Street, Suite 310

Address

Oakland, CA 94607

Address



Signature of Company Representative

Erick Karlen

Print Name of Co. Representative

**\*If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**



I, Erick Karlen (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: 

Date: 4/9/15

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### Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

- a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?      Yes

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

**SunnyMac, LLC**

---

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

**Please complete the following information for all individuals listed above:**

Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits only)
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Total Delaware Resident Employees: 3      Total Number of Employees: 3

% of Delaware Residents (Delaware Residents Divided by Total Employees): 100

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### Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

- b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?    No

If you answered yes to "b." above, complete the following as evidence:

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Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: \_\_\_\_\_ Project Complete Date: \_\_\_\_\_

Employee Full Name	Home Address (As per Tax Withholding)	Social Security Number (Last 4 digits Only)

Total Delaware Resident Employees: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

% of Delaware Residents (Delaware Residents Divided by Total Employees): \_\_\_\_\_